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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/780,923 02/09/2001 PAT 6,730,267 *ru*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/03/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL 10 CLAIMS 34	INDEPENDENT 2 CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

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## TITLE

INTEGRATED BLOOD HANDLING SYSTEM HAVING ACTIVE GAS REMOVAL SYSTEM AND METHODS OF USE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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